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** CONTINUING DATA ***** *None PTN*** FOREIGN APPLICATIONS ***** *None PTN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
met Allowance Verified and Acknowledged Examiner's Signature <i>PTN</i> Initials	NY	3	39	2

ADDRESS

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TITLE

Data collection device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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